Seamless Transition to the VA System

Tri-Service Case Management Pre-conference

Christine Merna

Program Manager, Nurse Case Review and Case Management

IN THIS TEMPLE
AS IN THE HEARTS OF THE PEOPLE
FOR WHOM HE SAVED THE UNION
THE MEMORY OF ABRAHAM LINCOLN
IS ENSHRINED FOREVER

“To care for him who shall have borne the battle and for his widow and for his orphan”

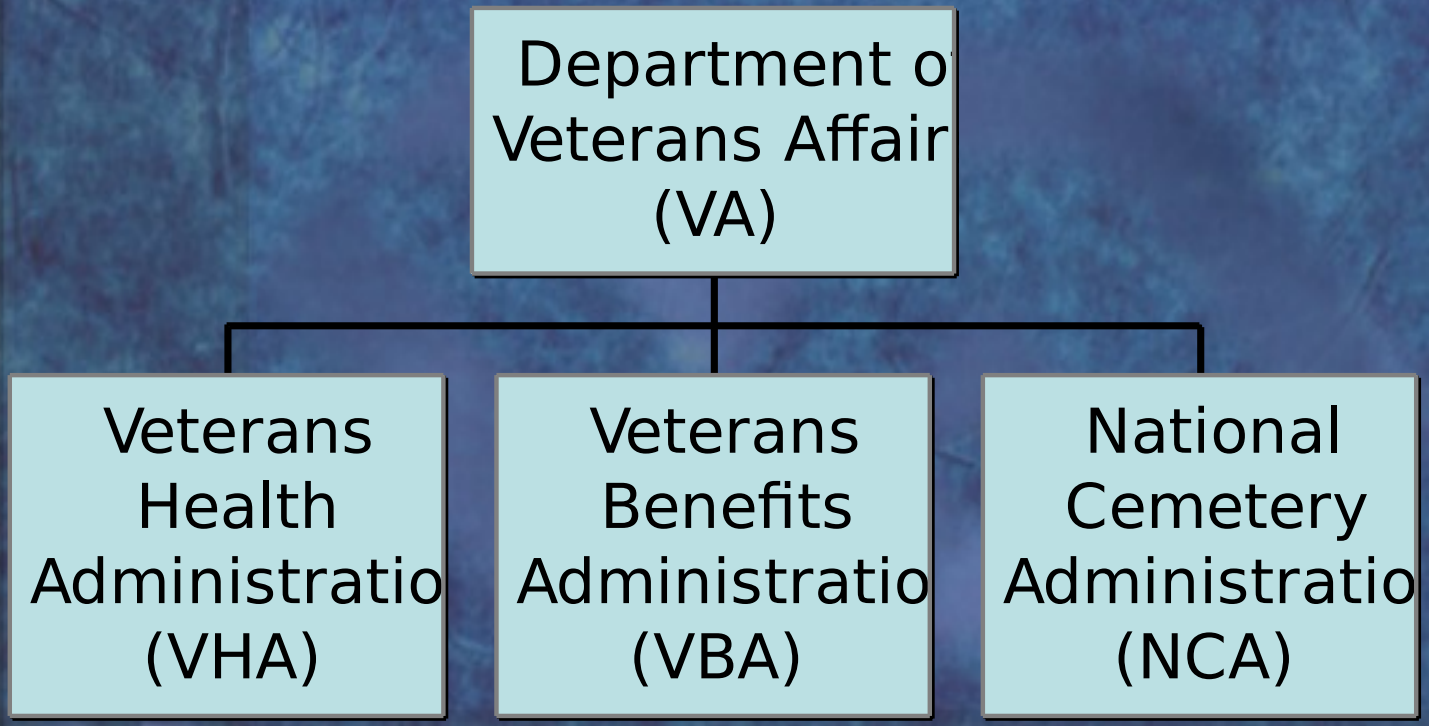
– Abraham Lincoln

VA Office of Seamless Transition

VA Office of Seamless Transition: Caring for Those Who Served

- to ensure that injured or ill combat veterans receive the benefits and health care they deserve -

Facilitate Claims and Benefits
Manage Care
Improve Outreach


Department o
Veterans Affair
(VA)
Veterans
Health
Administratio
(VHA)
Veterans
Benefits
Administratio
(VBA)
National
Cemetery
Administratio
(NCA)

VHA Missions

- Health Care
- Health Professional Training
- Research
- Emergency Preparedness

VHA - Assets

- 21 Veterans Integrated Service Networks (VISNs)
- 157 Hospitals
- 887 Clinics (Hospital, Community-Based and Independent)
- 135 Nursing Homes
- 209 Readjustment Counseling Centers (Vets Centers)
- 42 Domiciliaries

VHA - Personnel Assets

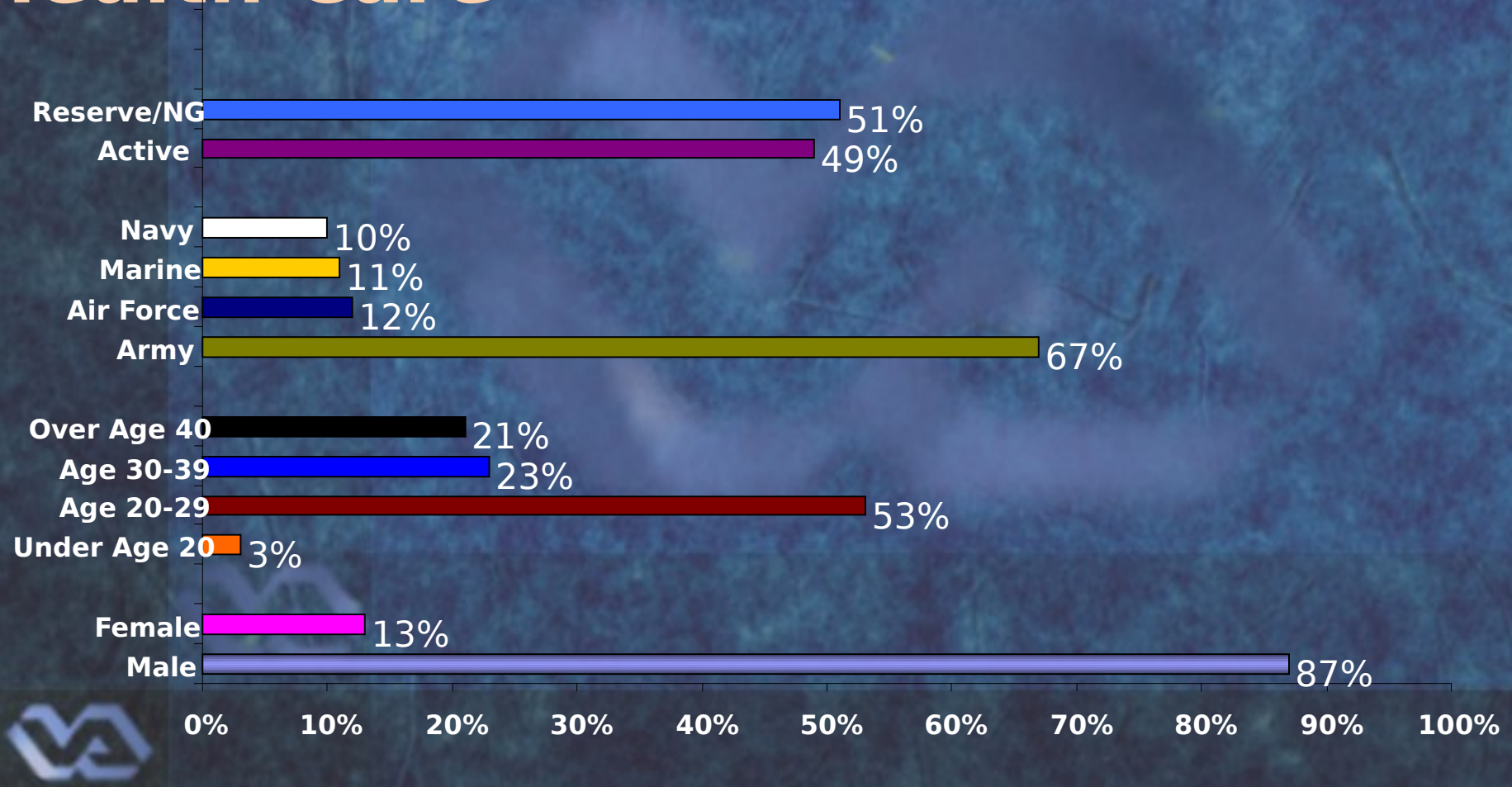
- 198,000 Employees
  - 30% Veterans
- 15,000 Reservists (900 are mobilized)
- 15,000 Physicians
- 4,500 Pharmacists
- 1,000 Dentists
- 38,000 Nurses
- 4,800 Social Workers (MSW)

VBA - Assets

- VBA Personnel 12,950
- 4 Area Offices (Command and Control)
- 57 Regional Offices (RO)
- Each RO has 3 employees assigned as OEF/OIF Coordinators
- $38.9 Billion in claims paid in FY 2006
- $25 Billion in guaranteed loans coverage in FY 2006
- $1.4 Trillion in Insurance coverage in force for service members and veterans (SGLI & VGLI)

VA's Newest Combat Veterans

Demographic Characteristics of OEF/OIF Veterans Utilizing VA Health Care



Types of Injuries

- Improvised Explosive Devices (IED)
- Rocket Propelled Grenades(RPG)
- Gunshot Wounds (GSW)
- Mortar Attacks
- Motor Vehicle Accidents
- Traumatic Brain Injury
- Amputations
- Mental Health
- Spinal Cord Injury
- Orthopedic
- Blind
- Disease
- Polytrauma
- Burn patients go to BAMC, Texas

Benefits For Active Duty Service Members

- Automobile Grants
- Specially Adaptive Housing (SAH)
- Vocational Rehabilitation and Employment
- Service members' Group Life Insurance
- Traumatic Service members' Group Life Insurance (TSGLI)
- Montgomery GI Bill
- Loan Guaranty

Tampa

VHA Staff Assigned to Military Treatment Facilities

VA Liaisons for Healthcare

- Collaborate with MTF staff to coordinate health care transfers to VAMCs
- Register service members/enroll veterans in VA to schedule appointments or secure inpatient beds prior to leaving the Military Treatment Facility
- Participate in video teleconferencing
- Educate veterans, service members and families on VA healthcare resources

Certified Clinical Rehabilitation Nurse

Seamless Transition
VA Liaisons for Healthcare

- Renewed focus to transition all service members (SI and NSI)
- Coordination with VBA staff on site at MTF
- Full time Liaisons at all 10 MTFs
- Standardized Position Descriptions (SW) and Functional Statements (RN)
- National funding from VA Central Office -sites determined by OST

Seamless Transition
Certified Clinical Rehabilitation Nurse

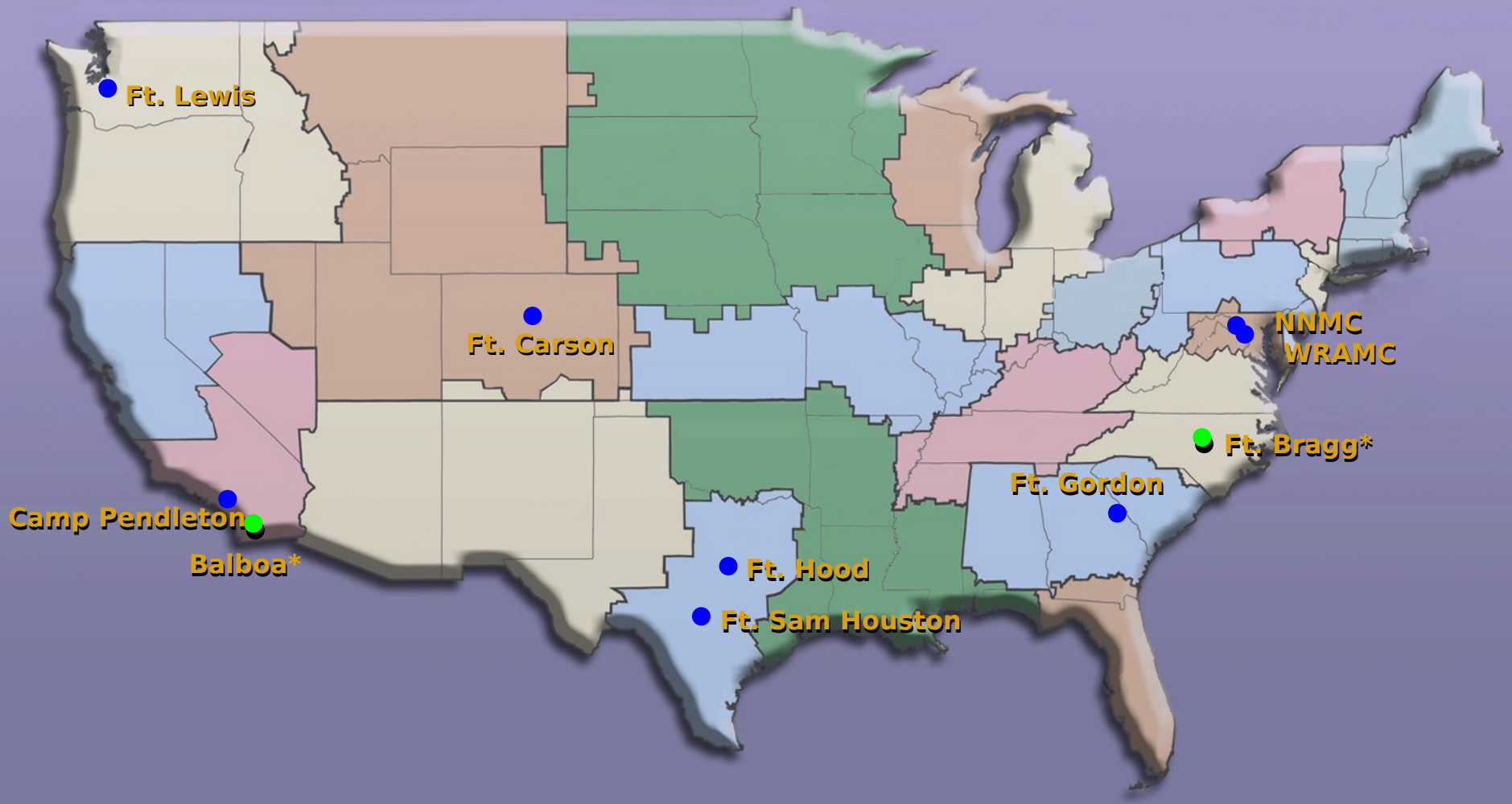
- Works with military treatment team
- Participates in clinical rounds
- Coordinates with receiving VA treatment teams (telcon, VTC)
- On site at Walter Reed Army Medical Center
- Currently hiring for National Naval Hospital - Bethesda

VBA Staff Assigned to Military Treatment Facilities

VBA Counselors

- Identify and counsel every severely injured OEF/OIF service member & family regarding VA benefits and services
- Initiate disability claims process and ensure transfer to regional office

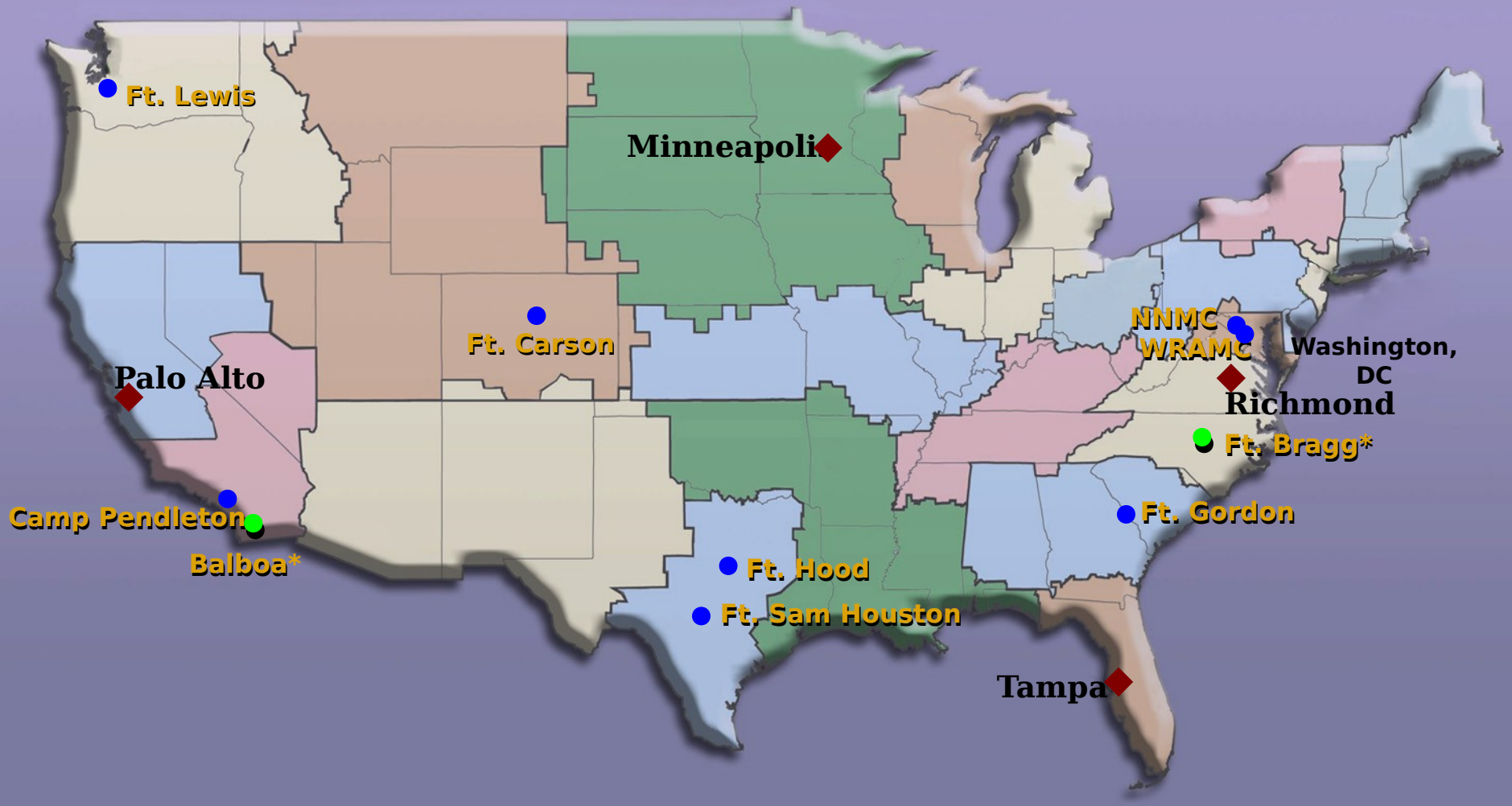
VHA and VBA Staff Assigned to Military Treatment Facilities



*Most recent sites added

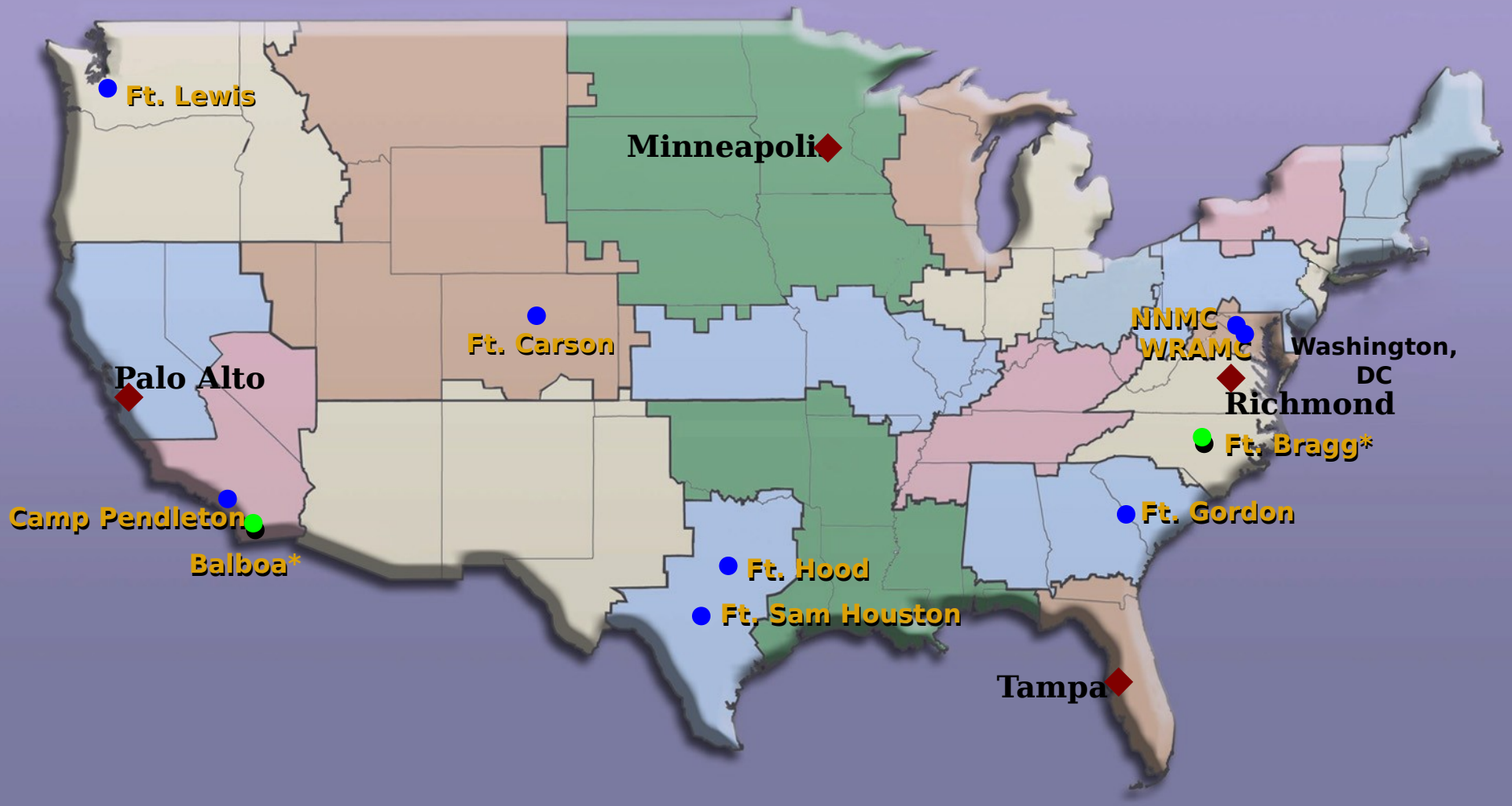
VHA and VBA Staff Assigned to Military Treatment Facilities

VHA PolyTrauma System of Care



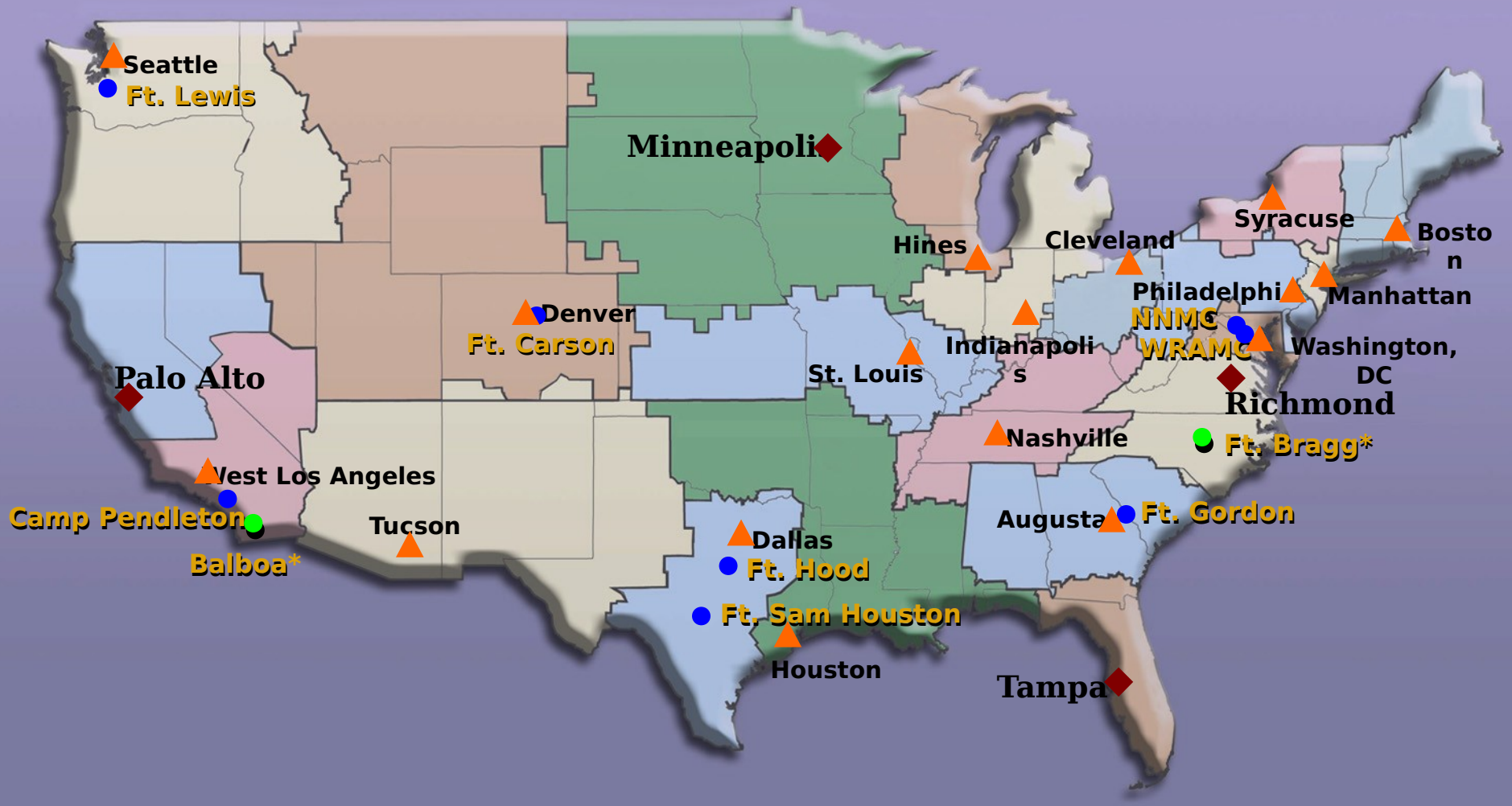
VHA and VBA Staff Assigned to Military Treatment Facilities

VHA PolyTrauma System of Care

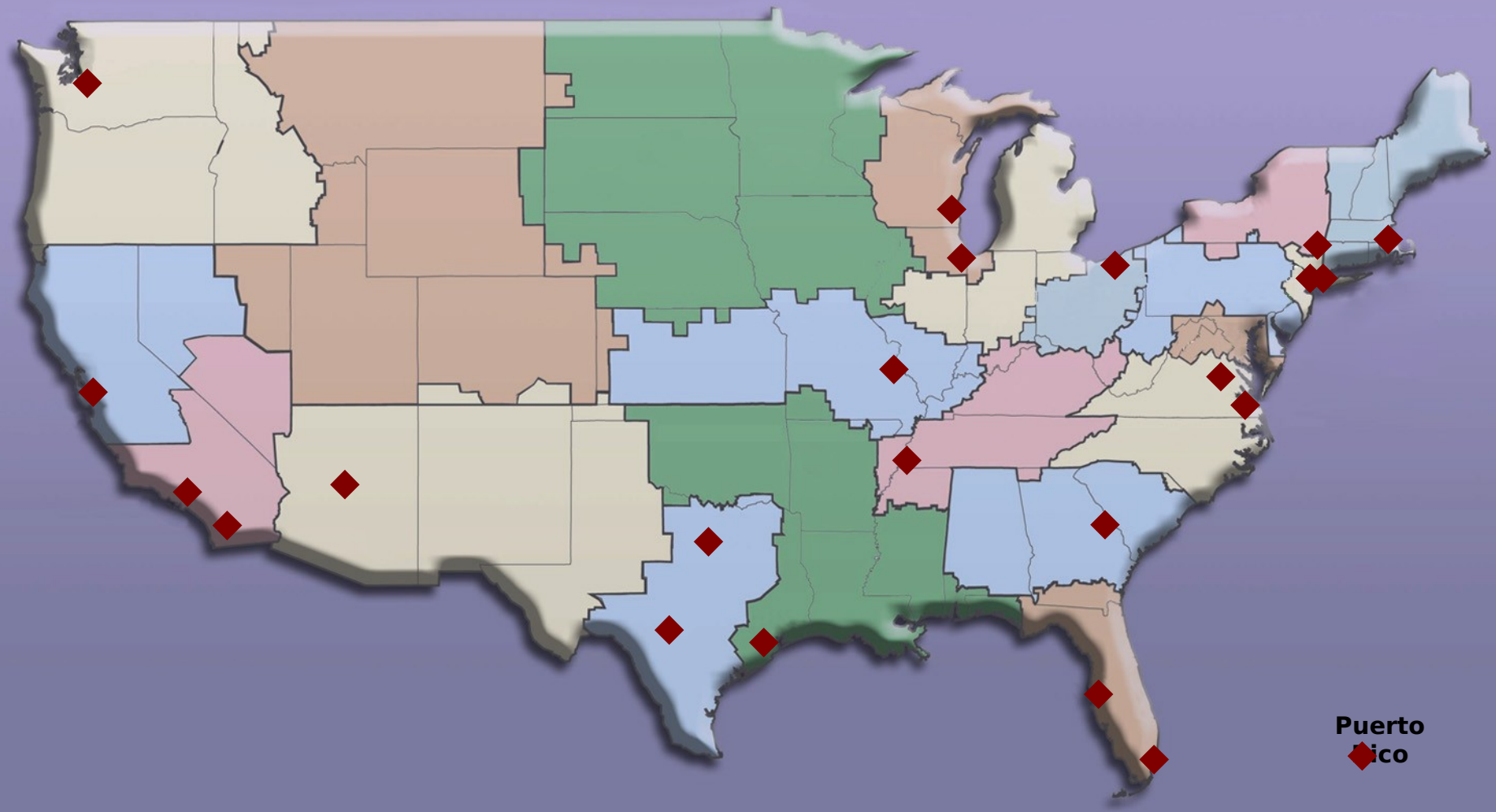


VHA and VBA Staff Assigned to Military Treatment Facilities

VHA Polytrauma System of Care

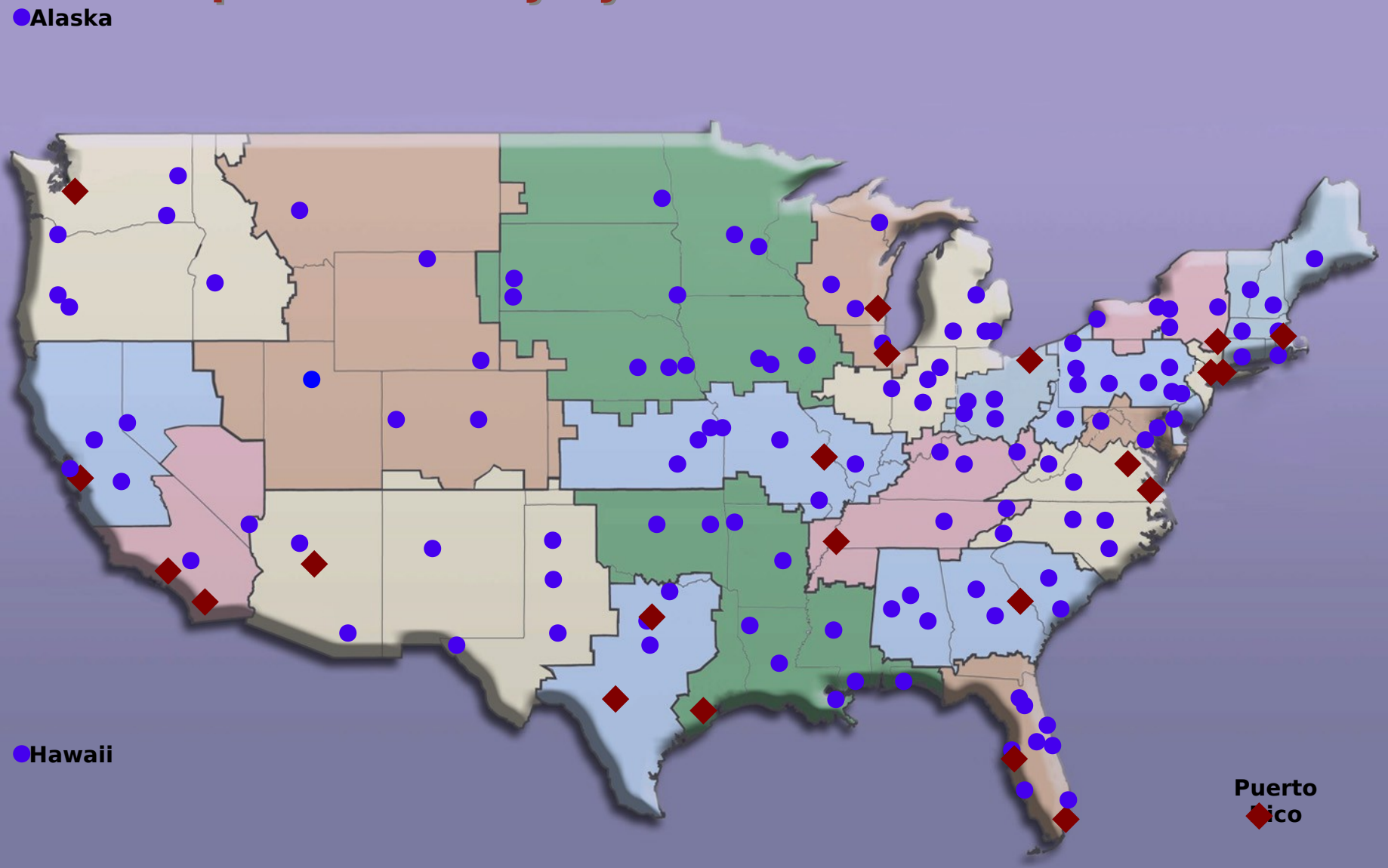


Spinal Cord Injury and Disorder Centers

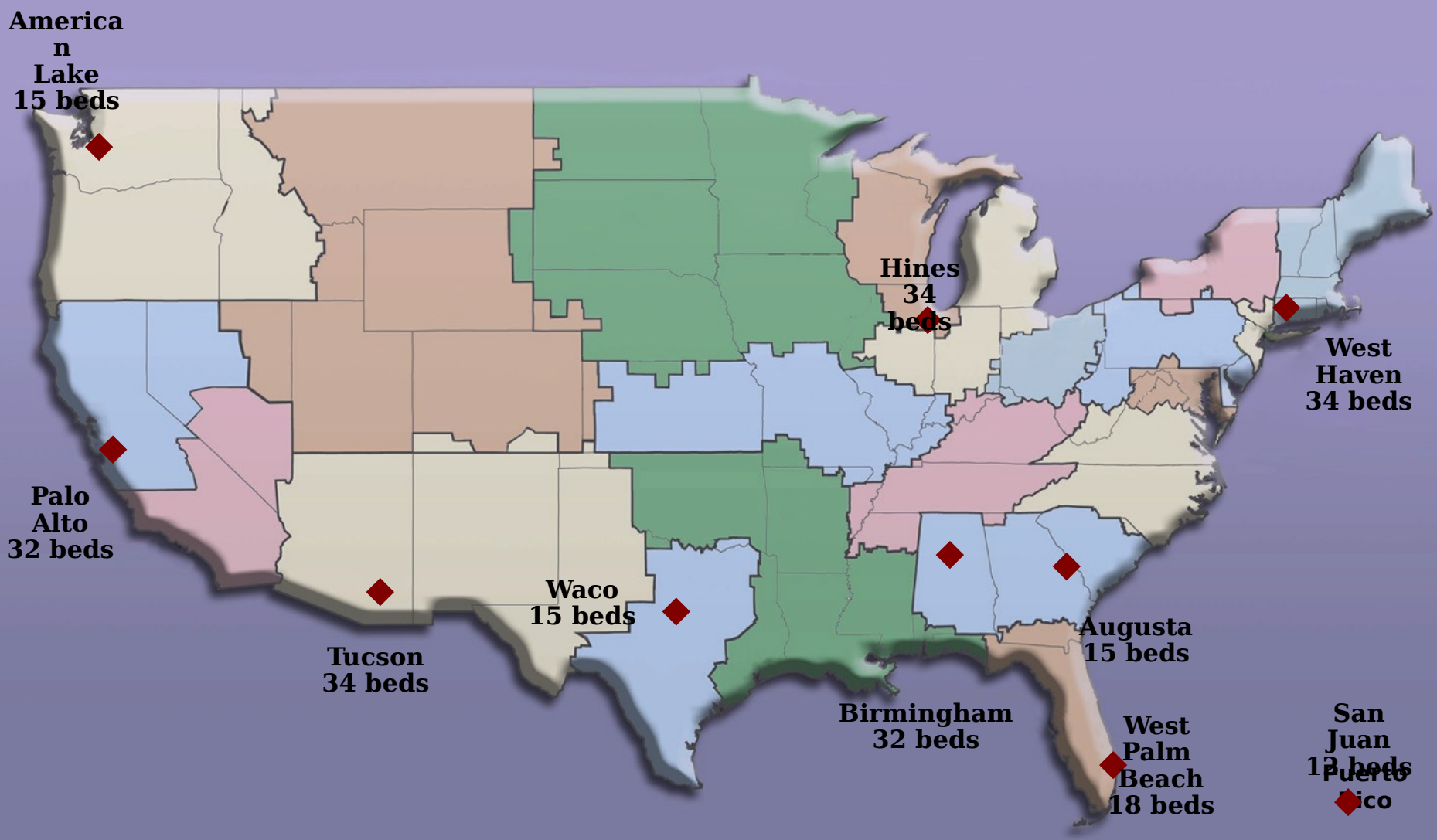


◆ Spinal Cord Injury and Disorders Center

Spinal Cord Injury and Disorder Centers



Blind Rehabilitation Services



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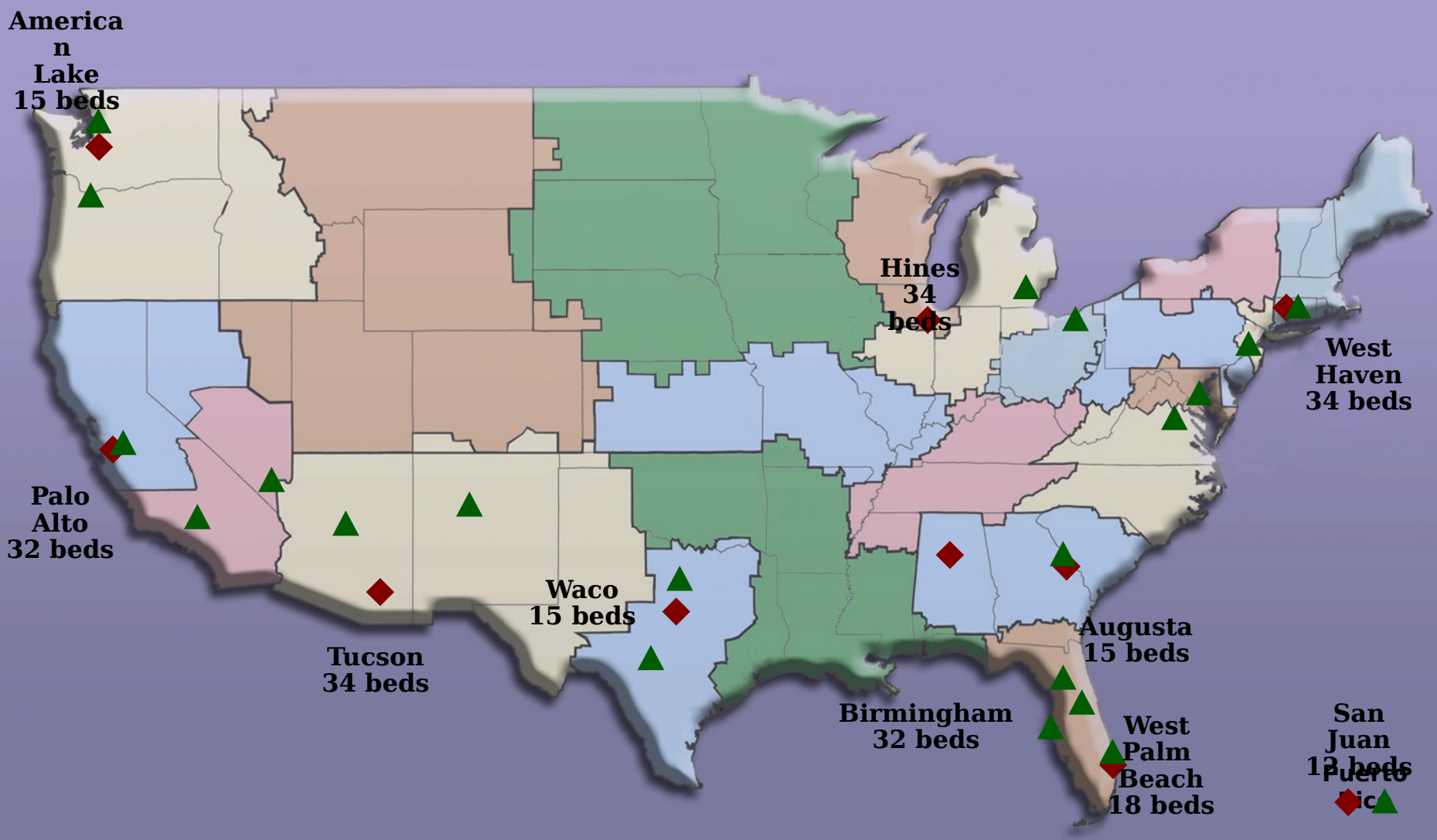

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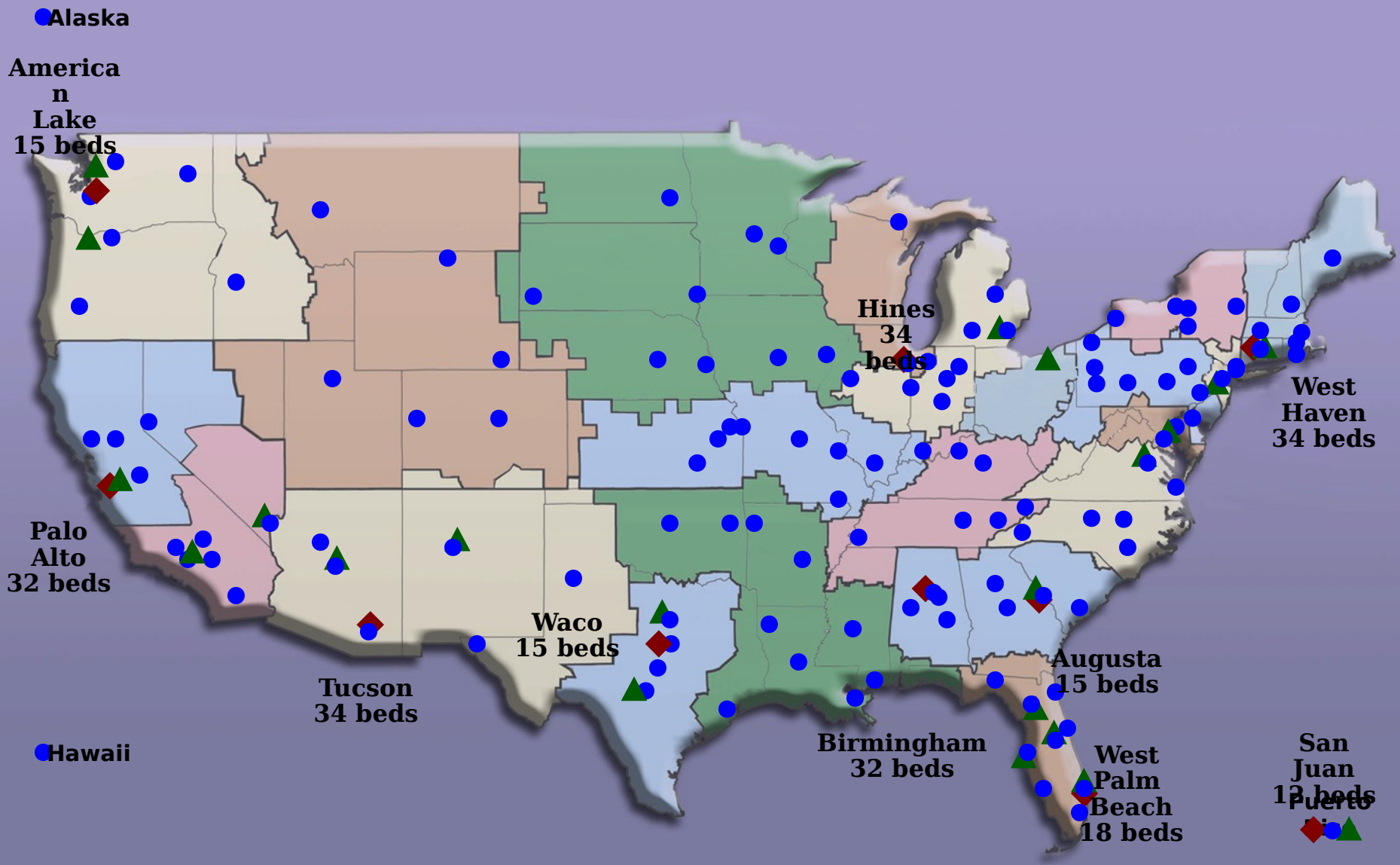


Richmond

VHA Handbook 1010.01

Transition Assistance and Case Management of OEF/OIF Veterans

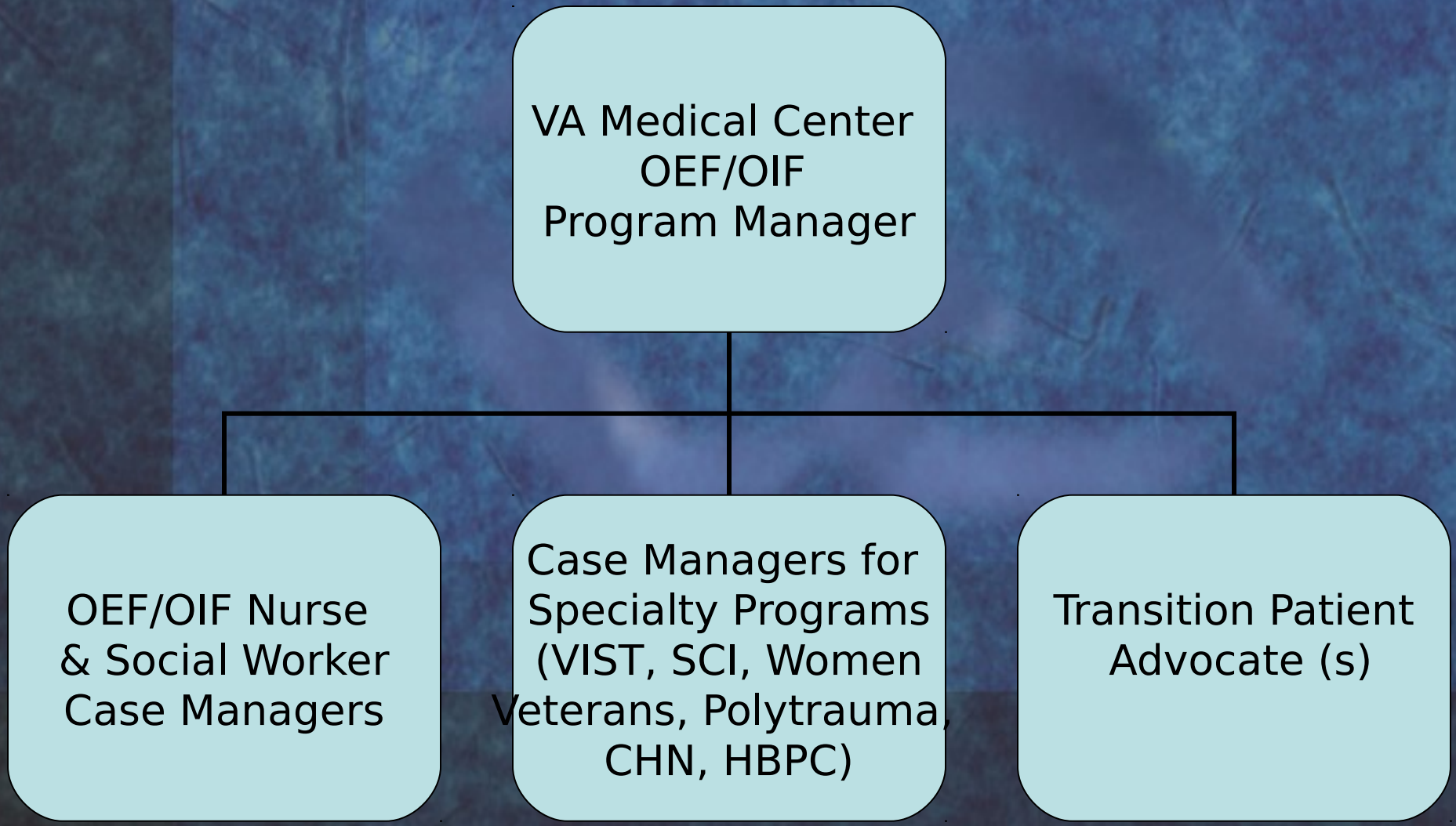
- May 31, 2007
- Emphasis on Case Management across the continuum
- Provides Case Manager to Severely Ill/Injured Service Members/Veterans
- Assures Case Management Assessment for all OEF/OIF Service Members and Veterans

Transition Assistance and Case Management of OEF/OIF Veterans

This Handbook describes:

- The partnership between VA and DoD to seamlessly transition the health care of injured and ill returning combat service members and veterans.
- The seamless transition process, coordination of services and VHA case management of OEF/OIF veterans and service members.

Diagram of OEF/OIF Positions



Coordination of Care OEF/OIF Program Manager

- Each VA medical center will appoint a nurse or social worker as OEF/OIF Program Manager
  - Full time positions funded by Central Office
- Should incorporate oversight for the duties of existing VA facility OEF/OIF POCs
  - OEF/OIF POCs may continue to coordinate all non-clinical seamless transition activities and initiatives, e.g. military outreach

OEF/OIF Program Manager

- Serves as the primary POC for OEF/OIF to:
  - Oversee all seamless transition activities
  - Link with the VA Liaison at the MTF for transfers
  - Assign a VA Transition Patient Advocate as ombudsman before and during transfer
  - Assign case managers for all severely injured/ill and others as needed upon transfer to the VA
  - Work closely with VBA to track benefits claims
- A Lead Program Manager will be identified within each VISN

Coordination of Care Transition Patient Advocate (TPA)

- VA is hiring 100 Transition Patient Advocates to:
  - Serve as ombudsmen for severely-injured or ill OEF/OIF service members and veterans across episodes and sites of care
  - Be assigned to severely injured/ill OEF/OIF while at MTF
  - Assist the service member/family with the transition to the VA Medical Center including escorting them when needed
  - Have a caseload of 25-30 patients

Coordination of Care OEF/OIF Case Manager

- Each VA medical center will have nurse and/or social worker OEF/OIF case managers, who will:
  - Case manage 25-30 patients
  - Follow patients across episodes of care
  - Involves family in care plan
  - Coordinate referrals for treatment programs and community services
  - Collaborate with MTF case managers

Case Management: Nurses and Social Workers in VHA Facilities

- Initial Contact with patients/families before leaving the MTF
- Interdisciplinary team collaboration for treatment planning at the VA
- Coordinate healthcare (appointments, primary and specialty care, Long Term Care placements, etc)

Case Management: Nurses and Social Workers in VHA Facilities

- Assistance in obtaining records from MTF as care continues at VA
- Coordination with VBA Regional Offices
- Coordination of civilian referrals as appropriate
- Family and Caregiver Support
- Ongoing Case management

Palo Alto

National Polytrauma Call Center

- Established February 2006
- Three distinct missions
- Polytrauma Hotline
  - Provides clinical and benefits advice
  - Toll free number
  - 24 hours, 7 days a week
- Outreach phone calls to the Severely Injured
- VA response center to Wounded Soldier & Family Hotline

888-827-4824

Tracking Case Management

- Veterans Tracking Application (VTA)
- Begins at MTF when patient is referred to the VA system of care by VA Liaisons
- Accesses patient records from the combat zone via DoD's Joint Patient Tracking Application (JPTA)
- Identifies Case Manager and TPAs
- Documents Case Management Activities
- Performance Measure assures CM assignment and contact within 7 days
- Proposed 2008 Measure includes quarterly CM contacts

- Inpatient documentation, available to all facilities in real time
- Patient registration with demographic verification
- Repository for theater data
- Supports weekly and monthly case reviews and trauma conference
- Online 24 hour report by facility and country
- Mechanism of injury report
- Management of patients at the Task Force level
- Streamlines numerous other local reporting requirements
- Facilitates identification for CIP pay initiative
- Populates services severely injured programs

Real Time Patient Tracking

nmediate and accurate information as the patient is rapidly transferred
Point of Injury to Higher Levels of Care

Forward Surgical Teams Level 2+

CASEVAC 1 Hour

Combat Support Hospital Level 3

TACTICAL MEDEVAC
1-24 Hours

Definitive Care Level 4 Landstuhl, Germany

STRATEGIC AE
24-72 Hours

Rehabilitation Care Level 5 US Military Hospitals

Veteran's Affairs Hospitals

Veterans Tracking Application (VTA)

- Tracks patients from the battlefield to the MTF in CONUS
- Real-time, web-based application
- VHA liaisons, Case Managers, TPAs, and Call Center screens
- VA is continuing to develop VTA and is currently using this application for referrals and the assignment of case managers to those who are severely injured
- Future state: linkage to VA's CPRS

UNITED STATES DEPARTMENT OF VETERANS AFFAIRS
VETERANS TRACKING APPLICATION

Welcome **Mike** v.0.0.0.14

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SITE NEWS

There is no current site news to report.

CURRENT TIME

WASHINGTON, DC	UTC TIME
8:40 PM	12:40 AM

HELP DESK

202-538-5554

WEATHER

Washington, DC

Currently: **50° F**
Conditions: **Cloudy**

Weather data provided by weather.com®

TOP HEADLINES

U.S. bill sets aside $225M for veterans' housing (The Record)

Non-profit and community organizations would receive up to $225 million in federal funds to buy, build or rehabilitate housing for low-income veterans under a bill proposed Tuesday by Sen. Bob Menendez and three colleagues.

VA opposes giving WWII Filipino veterans full benefits (Honolulu Advertiser)

WASHINGTON — Legislation that would give full veterans benefits to many Filipinos who fought in the U.S. Army against the Japanese during World War II would cost too much, the Bush administration said today.

Veterans honor fallen comrades (The Advocate)

It was a day of remembrance at the USS Kidd in Baton Rouge. War veterans and civilians gathered Wednesday to honor those who lost their lives during a World War II attack on the ship.

Frederica man honored for honoring veterans (Dover Post)

Local, state and national representatives honored a Frederica man for his dedication to Delaware's veterans during ceremonies held Thursday at the Frederica Senior Center.

6 members and three generations of Dayringers among veterans honored (Jefferson City News Tribune)

Families like the Dayringers have shared a military heritage that spans generations and branches. Joe, Paula, their two sons, his father and his uncle all were honored Tuesday as part of the "A Grateful Nation Remembers" veterans recognition ceremony in the Missouri House Chambers.

Rally at state Capitol salutes veterans' service (Columbia Daily Tribune)

JEFFERSON CITY (AP) - Scores of Missouri veterans were recognized yesterday with state proclamations thanking them for their service. The ceremony kicked off an annual rally at the Capitol to support military troops.

Registration | Veterans Search | Call Center | Reports | Help Desk | Admin | Logout

Service Member Information

SEARCH SSN: [redacted] ? SEARCH NAME: [redacted] ? SEARCH LAST NAME AND LAST FOUR [redacted] ?

Sensitivity Level

Sensitive Record	NO
*Military Treatment Facility	WALTER REED AMC-WASHINGTON DC

Service Member Information

Name	[redacted]
Date of Birth	[redacted]
SSN	[redacted]
Gender	M
Home Phone	8139442891
Cell Phone	2028442344
Home Address	[redacted]
City	ARLINGTON
State	VIRGINIA
Zip Code	22201
Rank	LTC
Branch of Service	ARMY ACTIVE DUTY
Status	ACTIVE DUTY
*OIF/OEF Flag	OIF
Date Released from Military	
Date of Injury/Illness	03/27/2007

View CHCS Treatment Data

View SF 502 Narrative Summary (PDF)

CPRS Treatment Data

AUTHOR	DATE	NOTES	FACILITY
FOX	3/5/2006 9:02:39 AM	gsw to head	10th CSH - N. Baghdad
OSORIO	3/5/2006 10:48:53 AM	GSW	332 EMDG-BALAD
BOWERS	3/5/2006 11:00:38 AM	AD USA AE from 10 CSH with GSW wound entrance L parietal, exit R parietal. VSS with ETT, paralyzed, pupils fixed/ dilated, no other wounds. Head CT from 10 CSH with large R skull defect, bilat par ICH. Hct 32%, given rF7a, started whole blood drive b/c insuff A pos FFP. Taken to OR by NRS for Bilat Crani.	332 EMDG-BALAD
BAKKEN	3/6/2006 1:00:52 AM	PROCEDURE HX - SOLDIER WITH GSW ENTERING LEFT FRONTAL EXITING HIGH RIGHT FRONTOPARIETAL. REPORTEDLY HAD DIALATED LEFT PUPIL AT 10TH CSH IN BAGHDAD, TRANSFERRED BY AIREVAC TO BALAD. HEAD CT BIHEMISPHERIC INJURY BUT NOT TRAVERSING VENTRICULAR SYSTEM OR THALAMIC STRUCTURES. ON ARRIVAL, PUPILS 7MM NONREACTIVE. SOME DECEREBRATE POSTURING RIGHT UPPER EXTREMITY. LARGE AMOUNT OF BLOOD IN DRESSINGS AND IN THERMAL BAG. INR 10. PROCEDURE: MODIFIED BICORONAL INCISION (RIGHT QUESTION MARK), BILATERAL F-T-P CRANIECTOMIES. SIGNIFICANT BLEEDING NOTED FROM RIGHT SUBTEMPORAL REGION FROM TENTORIAL BRIDGING VEINS. THIS REGION PACKED WITH SURGICEL. LEFT CORTICAL ENTRANCE WOUND BLEEDING FROM MULTIPLE CORTICAL AND SUBCORTICAL VESSELS, COAGULATED AFTER EXPOSURE AND RESECTION OF BRAIN TISSUE. PARTIAL RIGHT TEMPORAL LOBECTOMY PERFORMED, HEMOSTASIS OBTAINED. COAGULOPATHY CORRECTED INTRAOPERATIVELY USING MASSIVE TRANSFUSION OF FFP, WHOLE BLOOD, PRBC AND FACTOR VIIA. ICP MONITOR AND BILATERAL HEMOVAC DRAINS PLACED. BONE DISCARDED. BAKKEN/SCHLIFKA	332 EMDG-BALAD
SWEET	3/7/2006 1:58:08 AM	Pt admitted to LRMC ICU 06Mar06 for GSW to Head. Provider is Dr. Woods. Status is VSI. Pt on Vent. Bilateral decompressive craniotomy. Brain Stem reflexes. Codman. CPP 70s. Fentanyl/Versed. Chaplain consulted. Twin brother at Ramstein Inn Ramstein. Plan to CCATT today. - PENDING TRANSFER	LRMC
FREEDELL	3/9/2006 4:15:20 AM	101st LNO SFC Mc Shan/SFC Allen (314)486-6920	LRMC
[illegible]	3/9/2006 9:42:31 PM	This patient's care was discussed in teleconference on 9 March. Members participating in the conference represented forward deployed surgeons at the CSH's as well as those at LRMC, WRAMC, Bethesda National Naval Medical Center and the Army Burn Unit in San Antonio. The patient's presentation, injuries and hospital course were discussed from the perspective of each echelon of care and conflicting information resolved.	MHS
SARINAS	3/21/2006 7:45:19 PM	Trnsfer pt to Walter Reed on 21 Mar 06	NNMC BETHESDA
MOORE	3/23/2006 12:44:26 PM	REMAINS UNRESPONSIVE VENTRIC DRAIN VSS TRACH FEBRILE TMAX 102.7 DNR/DNI	WRAMC
MOORE	3/24/2006 12:14:16 PM	no new notes	WRAMC
HERNANDEZ	3/25/2006	VENTRIC REMAINS INTACT. DOES NOT RESPOND TO VERBAL COMMANDS. VSS AND CONT TUBE FEEDS PROMOTE @80CCS EVERY HOUR VIA G-TUBE WITHOUT	WRAMC

Baghd d

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Wal Ree

VA locations to be added here

STATUS	LOCATION	DATE	FACILITY	AUTHOR
INPATIENT	ICU	3/5/2006	10th CSH - N. Baghdad	FOX
INPATIENT	PENDING INP-332 EMDG	3/5/2006	332 EMDG-BALAD	OSORIO
TRANSFERRED TO ARMY MTF	332 EMDG-BALAD	3/5/2006		HERNANDEZ
INPATIENT	ICU-1-332 EMDG	3/5/2006	332 EMDG-BALAD	TATE
TRANSFERRED TO ARMY MTF	LRMC	3/5/2006		TATE
INPATIENT	ICU	3/6/2006	LRMC	ANSELL
TRANSFERRED TO NAVY MTF	NNMC BETHESDA	3/9/2006		LEDFORD
INPATIENT	ICU	3/9/2006	NNMC BETHESDA	LEWIS
TRANSFERRED TO ARMY MTF	WRAMC	3/21/2006		SARINAS
INPATIENT	45A-SURG ICU-451-9	3/25/2006	WRAMC	HERNANDEZ
INPATIENT	45A-SURG ICU-45C5-1	4/10/2006	WRAMC	MOORE
INPATIENT	45A-SURG ICU-5842-1	4/11/2006	WRAMC	MOORE
TRF TO OTHER FED FACILITY		6/30/2006		MOORE

View or Add Attached Files - 4 Current

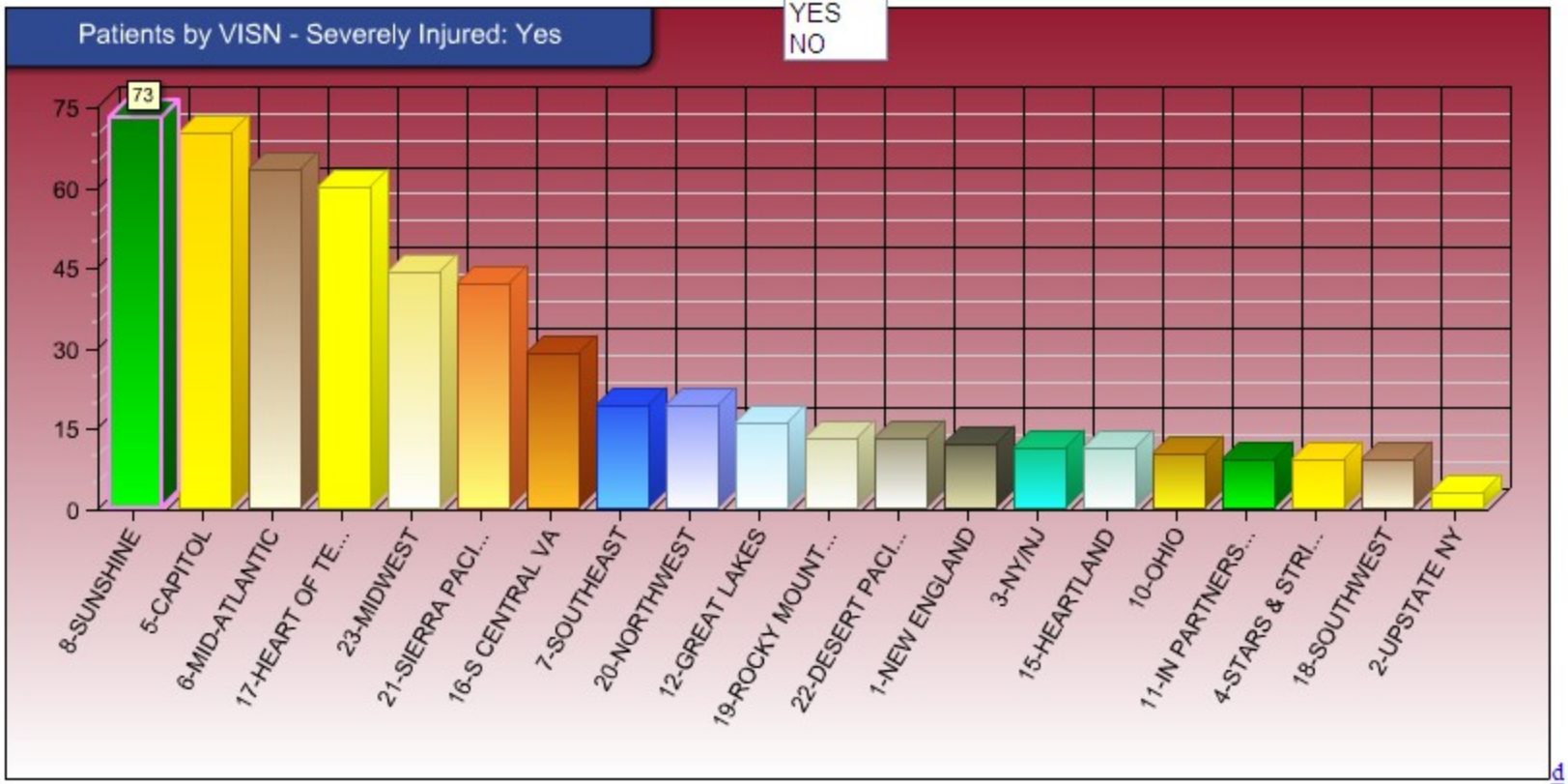
File Attachments up to 20MB

Graphical Reports

CHART: Patients by VISN FROM: 4/12/2006 TO: 4/12/2007 VIEW

Severely Injured: YES Update

ALL
YES
NO



Phase I

- Implement Veterans Tracking Application (VTA)
  - Visibility of DOD theater health care data
  - VHA Liaison Referrals
  - VHA Case Management
  - VBA Case Management
  - Call Center
- Continue development of VTA as a dynamic platform that changes to meet user needs as required

Phase II

- Establish bidirectional data visibility between VTA and VISTA / CPRS phased approach over 6 Months
  - Links to VTA from the VISTA Web tools menu
  - Single Sign On
  - Patient look up
- Interface VTA with other authoritative data sources across DVA
- Continue development VTA as a dynamic platform that changes to meet user needs as required

Future State:

Veterans Tracking Application (VTA) becomes the secure, single, authoritative electronic data platform for tracking healthcare services and benefits provided to all veterans

Minneapo
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Questions or Comments